

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 010455
In Re Application of: Haim Weissman
Serial Number: 09/943,887
Filed: August 30, 2001
Examiner: John J. Lee
Group Art Unit: 2684

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	42	58	0	x \$18 =	\$0
Independent**	4	6	0	x \$86 =	\$0
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$290	\$
EXTENSION FEES		<input type="checkbox"/> One Month		\$110	\$
		<input type="checkbox"/> Two Months		\$420	\$
		<input type="checkbox"/> Three Months		\$950	\$
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.

5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$_____.

The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.

6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 23, 2004

Signature: Donald C. Kordich, Reg. No. 38,213
Phone No. (858) 658-5928

QUALCOMM Incorporated
Attn: Patent Department
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CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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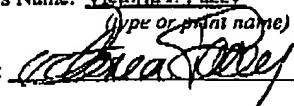
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